U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT			
E   NB 10				
Grant Control	<u> </u>			
1 File Number U 9/07	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing ~	4 Name file number and address of labor organization			
Name VICKY S GALLION	Name WRITERS GUILD OF AMERICA, WEST			
	Labor Organization File Number 000 - 078			
PO Box Bldg Room No if any	P O Box Building and Room Number if any			
Street 1916 HUNTINGTON LN	Street 7000 W THILD ST			
CITY REDONDO BEACH	City LOS ANGELES			
State ZIP Code + 4 902.78	State CA ZIP Code + 4 9004 8			
5 Position in labor organization PUBLIC A FFAIRS DIRECTOR				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name PUBLICIST GUILD	GIFT BAG FROM ANNUAL AWARDS			
Todo Name if any	LUNCHEDN INCLUDES - ITEMS LIKE-DUDS			
Trade Name if any	FROM STUDIOS			
PO Box Bidg Room No If any				
Street 7715 SUNSET BL'	7 b Amount			
CON LOS ANGELES	\$100 00 VALUE			
State CA ZIP Code + 4 90046				
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompan undersigned s knowledge and belief the correct and complete (See the se	ving documents) has been examined by the signatory and is to the best of the			
signed Vicky gallin	on [8 11 05] 323 782 4576			

Date

Telephone Number

Name of Person Filing VICKY GALUON		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name	<b></b>			
Trade Name if any	a Labor Organization b Trust			
P O Box Bidg Room No If any	c Employer			
Street				
City				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bidg Room No if any				
Street	11 b Approximate dollar valu	e of such dealing		
City	12 a Nature of interest held		<u></u>	
State ZIP Code + 4				
	12 b Amount			
C Received from any employer (other than an employer covered unde	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	<del>, , , , , , , , , , , , , , , , , , , </del>		
Name PUBLICIST GOTED				
Trade Name if any				
PO Box Bldg Room No if any				
Street 7715 SUN SET BL				
CITY LOS ANGELES			n yy Andrea	
[A. ]				
State CA ZIP Code + 4 10046				